



## NOTICE OF PRIVACY PRACTICES

### ACKNOWLEDGEMENT STATEMENT

I hereby acknowledge receipt from **California Veterans Home** of a copy of its Notice of Privacy Practices for PHI effective on the date set forth below.

**RESIDENT:**

\_\_\_\_\_  
(Printed or typed name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**RESIDENT'S PERSONAL REPRESENTATIVE:**

(If signed on resident's behalf)

\_\_\_\_\_  
(Printed or typed name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_